

PATENT



CERTIFICATE OF MAILING

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below, addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 1/2/05

John M. Ling
John M. Ling

RECEIVED

JAN 11 2005

OFFICE OF PETITIONS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant: James M. Cisar

Serial No: 09/921,103

Filing Date: August 2, 2001

Examiner: W. Cuchlinski, Jr.

Art Unit: 3661

Title: PROGRAMMABLE MOBILE DEVICE WITH THUMB WHEEL

**Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

RENEWED PETITION UNDER 37 C.F.R. §1.183

Dear Sir:

This is a Renewed Petition under 37 C.F.R. §1.183 to proceed with the above-identified patent application although the inventor in the application has refused to execute the Supplemental Reissue Application Declaration. The decision on the original petition filed April 16, 2004 states that the petition was dismissed for failing to include a copy of the Supplemental Reissue Application Declaration signed by the assignee, which was indicated as enclosed therewith. However, applicant's representative encloses herewith a copy of a postcard receipt

(labeled "Exhibit C") from the U.S. Patent and Trademark Office acknowledging receipt of the Declaration with the papers filed on April 16, 2004. Accordingly, it is believed that all required papers were properly filed with the original petition, and that no new fees are due in connection with this Renewed Petition. However, the supplemental declaration is re-submitted herewith for convenience.

James M. Cisar is the sole inventor of this application. A Supplemental Reissue Application Declaration was sent to Mr. Cisar by certified mail on June 10, 2003. To date, no response has been received from Mr. Cisar. A copy of the Statement of Facts submitted with the original petition is attached which fully describes the facts relied on to establish that a diligent effort was made to have Mr. Cisar execute a Supplement Reissue Application Declaration; however, Mr. Cisar has failed to do so. Accordingly, Symbol Technologies, Inc., as assignee of the subject patent application is making application for patent pursuant to CFR § 1.47(b). A copy of PTO/SB/96 is also submitted herewith for consideration.

Although previously submitted with the Reply to Office Action dated August 12, 2003, and with the petition mailed on April 16, 2004, a Supplemental Reissue Application Declaration executed by Glenn Frankenberger on behalf of Symbol Technologies, Inc. is enclosed herewith for review by the Office of Petitions. This action is necessary to preserve the rights of Symbol Technologies, Inc. and to prevent irreparable damage.

The last known address of James M. Cisar is:

8770 North Kane Road

Wadsworth, Ohio 44281

In view of at least the foregoing, the oath/declaration signed by the assignee of the entire interest is believed to be in accordance with 37 C.F.R. §1.172(a), and, furthermore, serves as a written consent of the assignee under 37 C.F.R. §1.172. Additionally, because the declaration signed by the assignee is acceptable per the exception under §1.47(b), it is respectfully submitted that forms PTO/SB/52 and PTO/SB/55 (copies provided herewith), were appropriately submitted in response to the Office Action dated August 12, 2003, and should be entered. Accordingly, it is respectfully requested that the objection to the oath/declaration be withdrawn and that the subject application be allowed.

CONCLUSION

Any additional fees that may be due in connection with this Petition can be charged to Deposit Account No. 50-1063 (Ref.: TELNP120USA).

Should the Patent Office believe that a telephone interview would be helpful to expedite this matter, the Patent Office is invited to contact Applicant's undersigned attorney at the telephone number listed below.

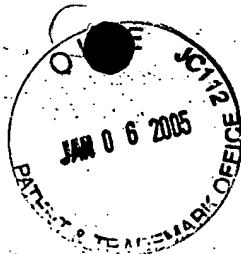
Respectfully submitted,
AMIN & TUROCY, LLP



John M. Ling
Reg. No. 51,216

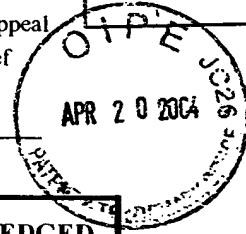
24TH Floor, National City Center
1900 East 9th Street
Cleveland, Ohio 44114
Telephone (216) 696-8730
Facsimile (216) 696-8731

EXHIBIT C



Applicant(s) James M. Cisar Docket No. T068/TELNP120USA
Serial No. 09/921,103 Filing Date 8/2/2001 Atty(s) HSA/GA
Title PROGRAMMABLE MOBILE DEVICE WITH THUMB WHEEL
Mailed 4-16-04 Due Date _____ Exp. Mail No. _____

- ☐ Patent Application (☐ New ☐ CON ☐ DIV ☐ CIP ☐ CPA ☐ PCT ☐ Provisional)
- | | | |
|--|---|--|
| <input type="checkbox"/> Transmittal/Request | <input checked="" type="checkbox"/> Declaration/POA | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Pages of Specification | <input type="checkbox"/> Assgn. & Cover Sheet | <input type="checkbox"/> Main. Fee Transmittal |
| <input type="checkbox"/> Sheets of Drawings | <input type="checkbox"/> Small Entity Statement | <input type="checkbox"/> Ltr. Off. Draftsman |
| <input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input type="checkbox"/> IDS/1449/Refs. | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Pages of Abstract | <input type="checkbox"/> Priority Documents | <input type="checkbox"/> Appeal Brief |
| <input type="checkbox"/> Express Mail Certificate | <input type="checkbox"/> Check \$ _____ \$ _____ | |
| <input checked="" type="checkbox"/> Amendment/Response | | |
| <input type="checkbox"/> Transmittal <input type="checkbox"/> Ext. of Time | | |
| <input type="checkbox"/> Trademark/Service App. | | |
| <input type="checkbox"/> Specimens <input type="checkbox"/> St. of Use | | |
- Other: Reply to Office Action
Petition Under C.F.R. 1.47(b)
Statement of Facts



POCKETED

APR 28 2004

RECEIPT ACKNOWLEDGED

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JAN 11 2005

OFFICE OF PETITIONS



PATENT

T068

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant: James M. Cisar

Examiner: W. Cuchlinski, Jr.

Serial No: 09/921,103

Art Unit: 3661

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Mail Stop AF
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P.O. Box 1450
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STATEMENT OF FACTS PURSUANT TO 37 C.F.R. §1.47

I, HIMANSHU S. AMIN, state as follows:

I am a partner with the law firm of Amin & Turocy, LLP, counsel for Symbol Corporation.

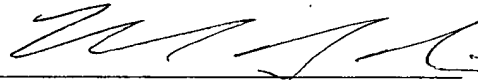
This Statement of Facts is made in support of Petition under 37 C.F.R. § 1.47(b) because the sole inventor has refused to execute the reissue declaration.

A *bona fide* attempt to secure the signature of such legal representative to join in the application, was made by the undersigned. Attached herewith is a copy of a letter dated June 10, 2003 (Exhibit A) sent to Mr. James M. Cisar by certified mail, return receipt requested, enclosing a Supplement Reissue Application Declaration. A copy of the certified mail return receipt indicating that the letter was signed for by Mr. Cisar on June 14, 2003 is attached hereto (Exhibit B). To date, no response has been received from Mr. Cisar.

The last known address of James M. Cisar is:

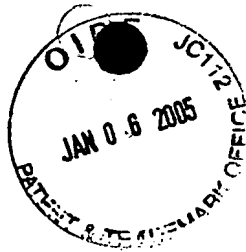
**8770 North Kane Road
Wadsworth, Ohio 44281**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.



Himanshu S. Amin
Amin & Turocy, LLP

EXHIBIT A



LAW OFFICES

AMIN & TUROCY, LLP
24TH FLOOR, NATIONAL CITY CENTER
1900 EAST 9TH STREET
CLEVELAND, OHIO 44114

TELEPHONE: 216-696-8730
FACSIMILE: 216-696-8731

Direct e-mail: jsadlowski@thepatentattorneys.com

June 10, 2003

Mr. James M. Cisar
8770 North Kane Road
Wadsworth, Ohio 44281

Certified Mail
Return Receipt Requested
7001 2510 0005 7583 6749

RECEIVED

Re: U.S. Patent Application Serial No. 09/921,103
PROGRAMMABLE MOBILE DEVICE WITH THUMB WHEEL
Filed: August 2, 2001
Inventor(s): James M. Cisar
Your Ref: T068
Our Ref: TELNP120USA

JAN 11 2005
OFFICE OF PETITIONS

Dear Mr. Cisar:

Enclosed please find a copy of a Supplemental Reissue Application Declaration. If the Declaration meets with your approval, please sign and the date the declaration and return it to us in the enclosed self-addressed, stamped envelope.

If you have any questions, please call me.

Very truly yours,

Jeffrey R. Sadlowski

JRS/kmj
Enclosure

cc: Glenn Frankenberger, Esq.

7001 2510 0005 7583 6749

EXHIBIT B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Mr. James M. Cisar 8770 North Kane Road Wadsworth, Ohio 44281</p>		<p>C. Signature</p> <p>X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p>7001 2510 0005 7583 6749</p>			
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>			

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$ 60¢
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions